



PAEDIATRIC DERMATOLOGY

# REDEFINING SEVERE CUTANEOUS REACTIONS IN CHILDREN: EXPERT PANEL RECOMMENDATIONS ON CLINICAL CRITERIA FOR STEVENS-JOHNSON SYNDROME, TOXIC EPIDERMAL NECROLYSIS AND ERYTHEMA MULTIFORME IN PEDIATRICS

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**Introduction:** Defining the spectrum of severe cutaneous eruptions including Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN) and erythema multiforme (EM) and how to reliably tell them apart has been a contentious issue in adult dermatology for decades. In pediatrics, it has been even more difficult as studies up to this point have largely been adult-focused. The pediatric dermatology literature has also recently been complicated with the addition of a newer entity, mycoplasma-induced rash and mucositis (MIRM). Widely accepted diagnostic criteria for these entities are lacking.

**Methods and Results:** We sought to create criteria for the following entities in pediatrics: SJS, TEN, EM, and infection-related mucositis (known as MIRM). We assembled an expert panel of 6 North American pediatric dermatologists. This group was presented a literature review and held meetings from 2016-2017. A modified nominal-group technique was utilized. The panel determined key features of each entity. These features were presented to a sub-specialty session of the Pediatric Dermatology Research Alliance meeting in late 2017. Members were surveyed to rank the key features designated by the expert panel. These results taken back to the panel and final definitions were crafted. The results redefine the spectrum as follows: SJS and TEN are now both referred to as epidermal necrolysis (EN) to highlight their existence on a single spectrum; erythema multiforme is defined as a single entity and no longer has a major and minor form; finally, MIRM is renamed reactive infectious mucocutaneous eruption (RIME) to account for variable presentation and causative microbes.





Conclusion: Here we demonstrate that a combination of modified nominal group technique for expert panel consensus can be combined with modified Delphi methodology to create diagnostic criteria. We also present criteria for EN, EM, and a new entity called RIME that can be utilized by dermatologists in the pediatric setting.

